



APPLICATION FOR OPERATING AUTHORITY (HOUSEHOLD GOODS)

PLEASE READ AND FOLLOW INSTRUCTIONS CAREFULLY

ATTACH \$25.00 FILING FEE MADE PAYABLE TO "KENTUCKY STATE TREASURER"

TO: Office of Legal Services
200 Mero Street, 6th Floor
Frankfort, Kentucky 40622
Telephone: 502-564-7650
Fax: 502-564-5238

DOCKET NO. _____
(Department Use Only)

If you intend to operate this business under an assumed name - d/b/a, state the name and ATTACH a copy of your declaration to use an assumed name showing it has been properly recorded at the appropriate COUNTY CLERK'S OFFICE:

NAME: _____

D/B/A: _____

STREET: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

MAILING ADDRESS (if different from above): _____

1. List all Kentucky intrastate certificates and permits currently held by the applicant by name and number:

2. Situs of proposed operation and area of service. _____

3. Is applicant a sole proprietorship? ☐ Yes ☐ No If "No", answer A or B.

A. Partnership? If yes, give names and addresses of partners:

B. Corporation? if yes, give state of incorporation, principal address, and agent name and address for Kentucky process if non-resident. ATTACH current copy of certificate of good standing from state of incorporation.

4. ATTACH a complete financial statement of the applicant on Form TC 93-24 to this application.

5. Has the applicant or any officer or principal of the applicant been denied any motor carrier authority by this Cabinet in the past six months? ☐ Yes ☐ No

6. Has the applicant or any officer or principal of the applicant been convicted during the past year in any state for violation of a motor carrier law or regulation? ☐ Yes ☐ No

If so, explain: _____

NAME:_____

D/B/A:_____

I, the undersigned official of the above applicant after being first duly sworn, state that the above information is true and correct to the best of my knowledge and belief.

Signature of Applicant Official

Official Title

THIS APPLICATION SHALL BE NOTARIZED

STATE OF_____)

COUNTY OF_____)

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS THE_____ DAY OF_____ 20_____

Notary Public

My Commission Expires

Attorney for Applicant (if applicable)

Address

Telephone Number (including Area Code)